

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF THE CHIEF FINANCIAL OFFICER

December 3, 2009

Dear Recipient:

We have enclosed a SF 1199A, Direct Deposit Form, as requested. To facilitate the processing of your Direct Deposit Request, **the Department** requires a completed form and a cover letter written on the requesting payee's stationary letterhead, requesting we process the information as presented. If you use a Servicer to draw funds on your behalf, you must inform the Department on your letterhead that a Servicer will be requesting your funds. The completed Direct Deposit Form should include the following information:

- DUNS number (Block "C")
- · Recipient name and address
- Contact person, phone number and signature
- Certifying bank information and signature of bank official (include the depositor account title in section 3)

The cover letter (on official letterhead) should contain the following information:

- DUNS number
- · E-mail address (if available) for the person to receive automated notification
- Original signature and phone number of the person requesting the bank information change.

Mail both the cover letter and Direct Deposit Form to:

U.S. Department of Education Financial Management Operations 550 12th Street, S.W., Room 6087 Washington, D.C. 20202-4328

If you have any questions regarding these instructions, please contact Sylvester Osineme at (202) 245-8081.

Sincerely,

Gary H. Wood

Director

Financial Management Operations

Dang H Wood

400 MARYLAND AVE., S.W., WASHINGTON, DC 20202 www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering education excellence and ensuring equal access.



UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF THE CHIEF FINANCIAL OFFICER

Guidelines for completing Form SF1199A

Section 1 - To be Completed by Payee

ITEM A Name of payee	Enter the name and address of the payee's organization and also telephone number of person certifying the SF1199A
ITEM B Name of Person(s) Entitled to Payment	Enter the name of the person certifying the SF1199A.
ITEM C Claim or Payroll ID Number	Enter the following information Prefix: 9 digits D-U-N-S Number. Suffix: 11 characters Grant Award Number (if no grant award number is available, CFDA can be used. e.g. P268K for Direct Loan)
ITEM D Type of Depositor	Place an "X" in the Appropriate box.
ITEM E Depositor Account	Enter the payee's account number at the financial institution in which funds are to be deposited. Include blanks or dashes when entering the account number.
ITEM F Type of Payment	Enter "X" in the "Other" box.
ITEM G Box for Allotment of Payment Only	Leave Blank

Section 2 - To be Completed by Payee or Financial Institution

Government Agency Name	Enter: Department of Education Financial Management Operations
Government Agency Address	Enter: 550 12th Street, SW Room 6087 Washington, D.C. 20202

Section 3 - To be Completed by Financial Institution

Your financial institution will enter the name and address, routing number, depositor account title and complete the certification section of the form.

Standard Form 1199A (EG) (Rev. June 1987) Prescribed by Treasury

Department
Treasury Dept. Cir. 1076

SIGNATURE

DIRECT DEPOSIT SIGN-UP FORM

OMB No. 1510-0007

DATE

To sign up for Direct Deposit, the payee is to read the band and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

 A separate form must be completed for each type of payment to be sent by Direct Deposit. he claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

 Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE) A NAME OF PAYEE (last, first, middle initial) D TYPE OF DEPOSITOR ACCOUNT X CHECKING SAVINGS School of Accountants **E** DEPOSITOR ACCOUNT NUMBER ADDRESS (street, route, P.O. Box, APO/FPO) 2 0 9 0 0 0 400 Fox Lane CITY ZIP CODE TYPE OF PAYMENT (Check only one) STATE Detroit 48202 MI Social Security Fed. Salary/Mil. Civilian Pay ☐ Supplemental Security Income ☐ Mil. Active TELEPHONE NUMBER Railroad Retirement Mil. Retire. AREA CODE 313-270-9974 ☐ Civil Service Retirement (OPM) Mil. Survivor B NAME OF PERSON(S) ENTITLED TO PAYMENT Other D/L ☐ VA Compensation or Pension Elizabeth Dickson (specify) C CLAIM OR PAYROLL ID NUMBER G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) 070987001 TYPE AMOUNT P268K N/A N/A Prefix Suffix PAYEE/JOINT PAYEE CERTIFICATION JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I am entitled to the payment identified above, and that I have I certify that I have read and understood the back of this form, read and understood the back of this form. In signing this form, I including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. authorize my payment to be sent to the financial institution named below to be deposited to the designated account. SIGNATURE DATE SIGNATURE DATE [Sign Here]

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME
Department of Education
Financial Management Operations

GOVERNMENT AGENCY ADDRESS
550 12th Street, SW
Room 6087
Washington, D.C. 20202

SIGNATURE

DATE

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION) NAME AND ADDRESS OF FINANCIAL INSTITUTION ROUTING NUMBER CHECK DIGIT Bank of America 200 Michigan Avenue 1 6 2 Southfield, MI 48211 DEPOSITOR ACCOUNT TITLE FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE Peter Hines 313-850-9800 [Sign Here] 12/4/2009

Standard Form 1199A (EG)

(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

DIRECT DEPOSIT SIGN-UP FORM

OMB No. 1510-0007

Reset

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE) A NAME OF PAYEE (last, first, middle initial) D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS E DEPOSITOR ACCOUNT NUMBER ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE F TYPE OF PAYMENT (Check only one) Social Security Fed. Salary/Mil. Civilian Pay ☐ Supplemental Security Income ☐ Mil. Active TELEPHONE NUMBER Railroad Retirement Mil. Retire. AREA CODE ☐ Civil Service Retirement (OPM) Mil. Survivor B NAME OF PERSON(S) ENTITLED TO PAYMENT ☐ VA Compensation or Pension Other _ (specify) C CLAIM OR PAYROLL ID NUMBER G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT Prefix Suffix JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have I certify that I have read and understood the back of this form, read and understood the back of this form. In signing this form, I including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. authorize my payment to be sent to the financial institution named below to be deposited to the designated account. SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION) GOVERNMENT AGENCY ADDRESS **GOVERNMENT AGENCY NAME** SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION) NAME AND ADDRESS OF FINANCIAL INSTITUTION ROUTING NUMBER CHECK DIGIT DEPOSITOR ACCOUNT TITLE FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. PRINT OR TYPE REPRESENTATIVE'S NAME SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER